		<u> </u>			
EXECUTIVE LOBBYING E		RE REPOR	т <u>Е</u>	xecutive Lobb	o/lo Nyist Registration No.
COVERING JANUARY 1 - JUNE 30	BOS - DUE AUE	JUST 15			FOR OFFICE USE ONL
COVERING JANUARY 1 - DECEMBE	SER 31 DU	E FEBRUARY 15	•		Postmark Date: 7:75.0
Mail to: the Board of Ethics, 2415 Quail Dr., OR Fax to: (225)763-8787 or (225)763-8780	3rd Floor, Baton Ro	ouge, LA 70898			8/08 L.P.
1. Name States Lent 2. Business Address: 701 740	Phi.	llif voc W,) () ()	 20004	0071678
Straet and No.	•	City	State	Zip	
Malling Address	nl			<u></u>	
3. Business Phone 202-U	25-3 3/5				•
4. Total of all executive lobbying expend (Include expenditures from Schedules A	litures made tanuary		30: \$	Ter	2 :
 Total of all executive lobbying expend [when Applicable] (Include expenditu 	hitures made July 1 11 ires from Schedules A :	hrough Decembe and B)	r31: I	- Dell	<u>2 ::</u> .
6. Total of all executive lobbying expend (Line 4 added to Line 5 should equal Line	ditures made during (e 6}	calendar year:	\$	zek	<u> </u>
7. Did you make an expanditure exceedi	ing \$50 on one occus	ion for an execut	tive branch (official:	
From January 1 through June 397 From July 1 through December 319	Yes Yes	=	No A	NA 🗖	
If the answer to either question in N	umber 7 abova is YE	S, complete Sche	dule A and	attach.	
8. Old you make expenditures exceeding	g the sum of \$250 to	r an executive br		l:	
From January 1 through June 301 From July 1 through December 319	A82 A83		No (‡	NA 🗆	
If the answer to either question in No	umber 8 abové is YE	8, complete Sche	dule A and	atlach.	
 Did you expend funds for any recept officials were invited during this rep 	ion, social gathering orting period?	, or other functio	on to which	more than twent	y-five executive brench
	Yes 🗀	No 💆	,		
If the answer to Number 9 above is 1	YES, complete Sched	,			
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2)	9. Name of Department and Individual a				
-	a. Name of Department and Individual Agency;				
	 b. Total of all expenditures made January 1 through June 30; 	8			
	 Total of all expanditures made July 1 through December 31: (When applicable) 				
	d. Total of all expenditures made during the calendar year:	F			
3)	a. Name of Department and Individual Agency:				
	b. Total of all expanditures made January 1 through June 30:	1			
	 Total of all expenditures made July 1 through December 31: (When applicable) 	1			
	d. Total of all expanditures made during the calendar year:	!			
	CERTIFICATION OF	ACCUDACY			
CERTIFICATION OF ACCURACY					
I hereby certify that the information contained herein is true and correct to the best of my knowledge,					
information, and belief; that all reportable expenditures have been included herein; and that no					
Inf	formation required by LSA-R.S. 49:71 et eq. has bee	defiberately omitted.			